

# PROJECT POINT: PLANNED OUTREACH, INTERVENTION, NALOXONE, AND TREATMENT

Krista Brucker, MD

Department of Emergency Medicine  
Indiana University School of Medicine

Daniel O'Donnell, MD

Department of Emergency Medicine, IU School of Medicine  
Medical Director, Indianapolis EMS, Indianapolis Fire Dept.

Charles Miramonti, MD

Medical Director Emergency Medicine Eskenazi Health  
Chief of Emergency Medical Services, Indianapolis EMS

# THE SCOPE OF THE PROBLEM

## **A True Public Health Emergency**

1.9 million Americans live with opioid misuse or dependence

517,000 Americans live with heroin addiction

In 2010 opioid overdose accounted for

135,971 visits to US Emergency Departments (EDs)

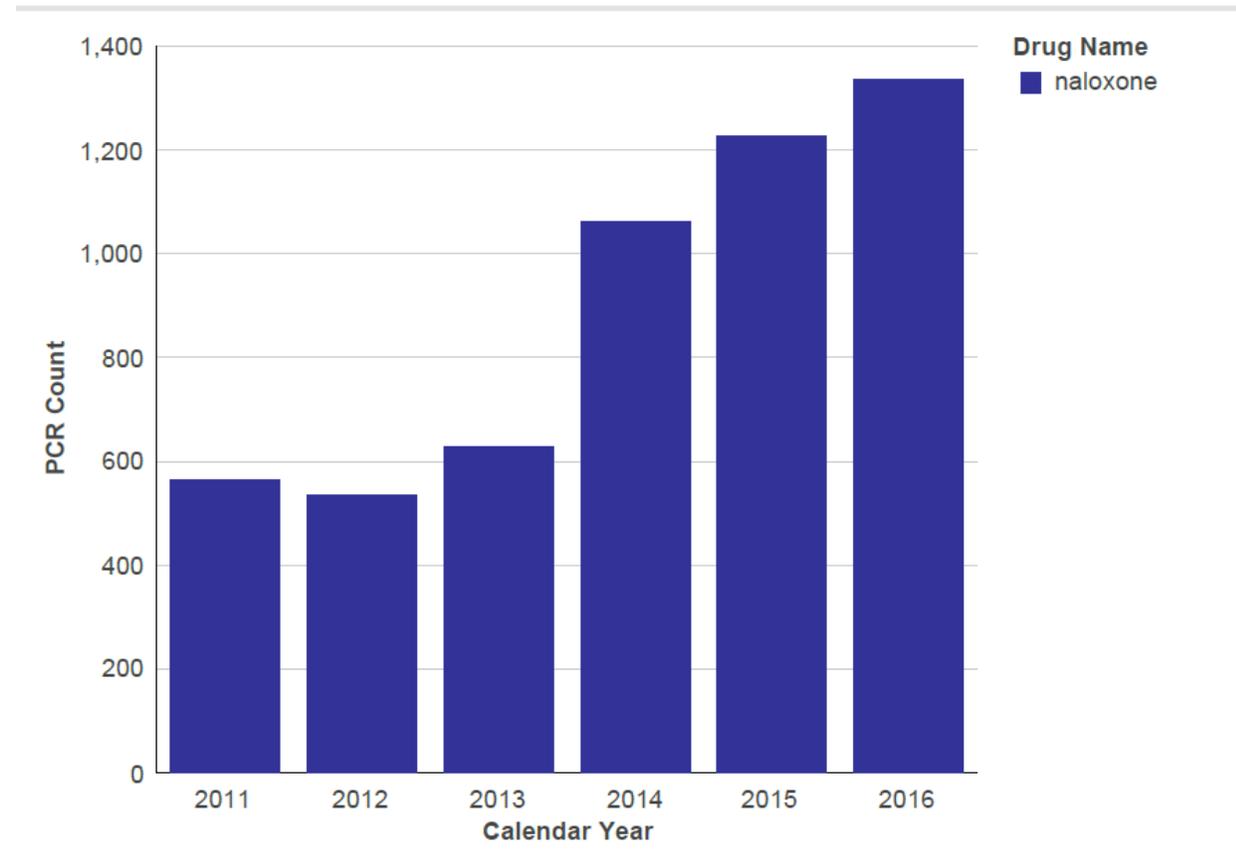
Inpatient and ED charges totaling nearly \$2.3 billion

## **A national epidemic playing out in local neighborhoods**

EMS calls for opioid related emergencies dramatic increase

Concomitant rise in opioid related overdose deaths

# PROJECT POINT



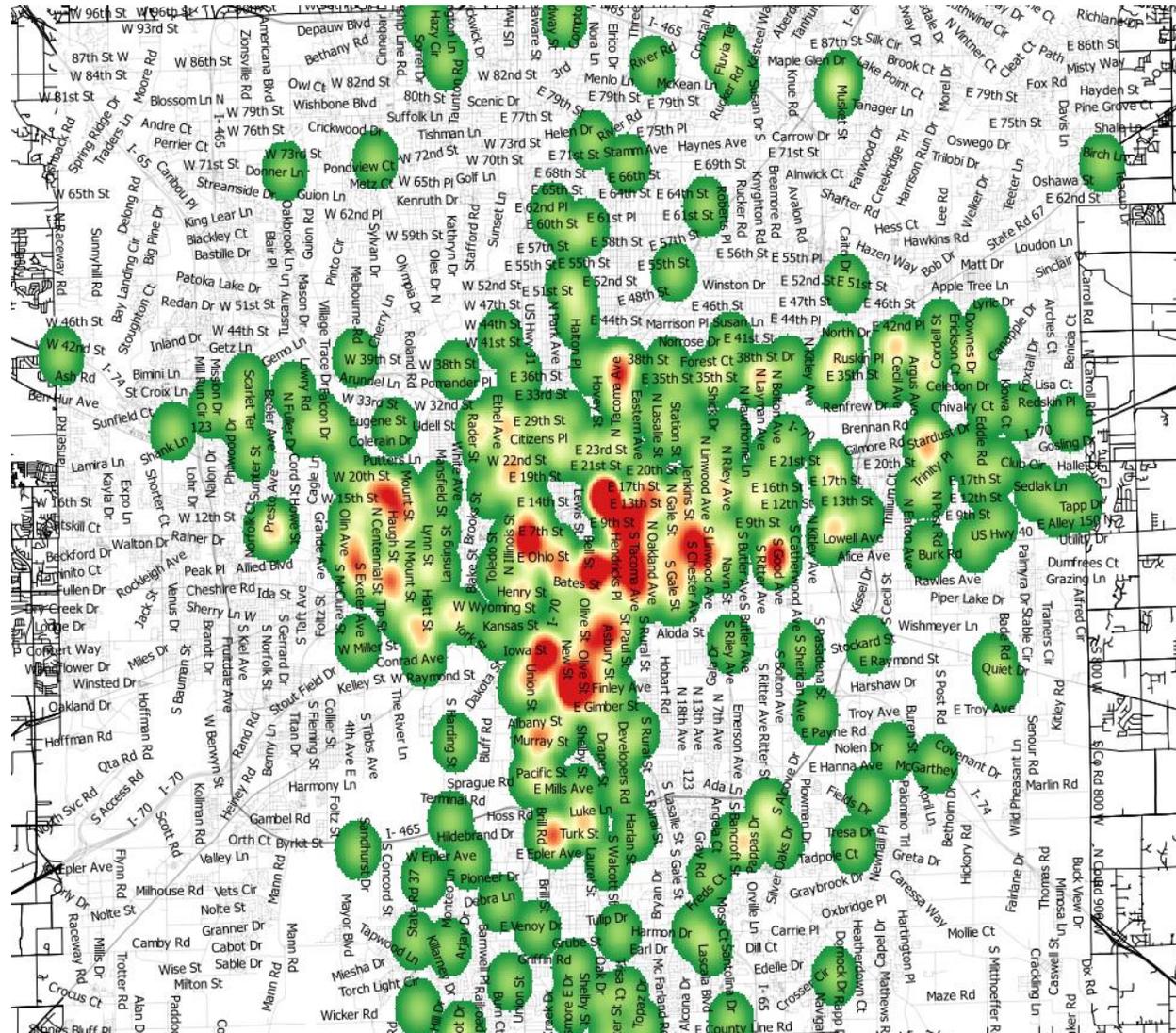
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Drug Name: naloxone

PCR Count	2011	2012	2013	2014	2015	2016	Total
Jan	30	42	42	47	45	104	310
Feb	42	50	28	62	71	113	366
Mar	42	52	51	73	88	116	422
Apr	52	48	48	82	107	139	476
May	45	48	61	103	86	142	485
Jun	61	48	67	111	99	154	540
Jul	66	50	48	89	121	168	542
Aug	35	50	59	126	131	176	577
Sep	45	39	43	106	110	163	506
Oct	50	31	67	101	137	59	445
Nov	41	43	63	93	110		350
Dec	56	35	52	68	120		331
<b>Total</b>	<b>565</b>	<b>536</b>	<b>629</b>	<b>1,061</b>	<b>1,225</b>	<b>1,334</b>	<b>5,350</b>

On track for 1,700 doses in 2016

# PROJECT POINT



# INDIANA HAS RESPONDED

## Recognized importance of saving lives

First Responder Naloxone

Lifeline Bill 227

Widespread training of police Naloxone

Expansion of Naloxone availability

Standing orders

Grant funding for Naloxone programs

Police

Fire

Public

# WHAT DOES THIS MEAN

## More Lives are being saved

Police Naloxone

IMPD with over 300 administrations  
Johnson County

Increased awareness

Law makers  
Medical Community  
General public

# THE LOCAL IMPACT

## What does each of these mean to EMS/ED?

Most are called in and dispatched as 'unresponsive' or 'cardiac arrest'

Most rapid response time

Requires highest level of pre-hospital care

In Emergency Department

Triaged to highest acuity bed

Significant expenditure of limited ED MD/RN and bed capacity

Often require several hours of monitoring

# THE LOCAL IMPACT

**What is the standard of care in the Emergency Department?**

Several hours of monitoring

Discharge with referrals for out-patient treatment

**What other life-threatening condition do we treat and release?**

**“This is the addict’s HEART ATTACK”**

# PROJECT POINT DEVELOPMENT

## Quality improvement project for patients with overdoses

Building on success of police Naloxone training

Fueled by genuine desire from EMS providers to ED doctors and nurses to do more

Prioritization by local, state and federal agencies/funders

- Improve Naloxone delivery

- Strengthen linkage to on-going medical care

# THE QUESTIONS

## **Is the Emergency Department the place to intervene?**

Will the patient be receptive?

Who should provide the intervention?

## **How can the emergency care network link to treatment?**

ED providers are motivated to help

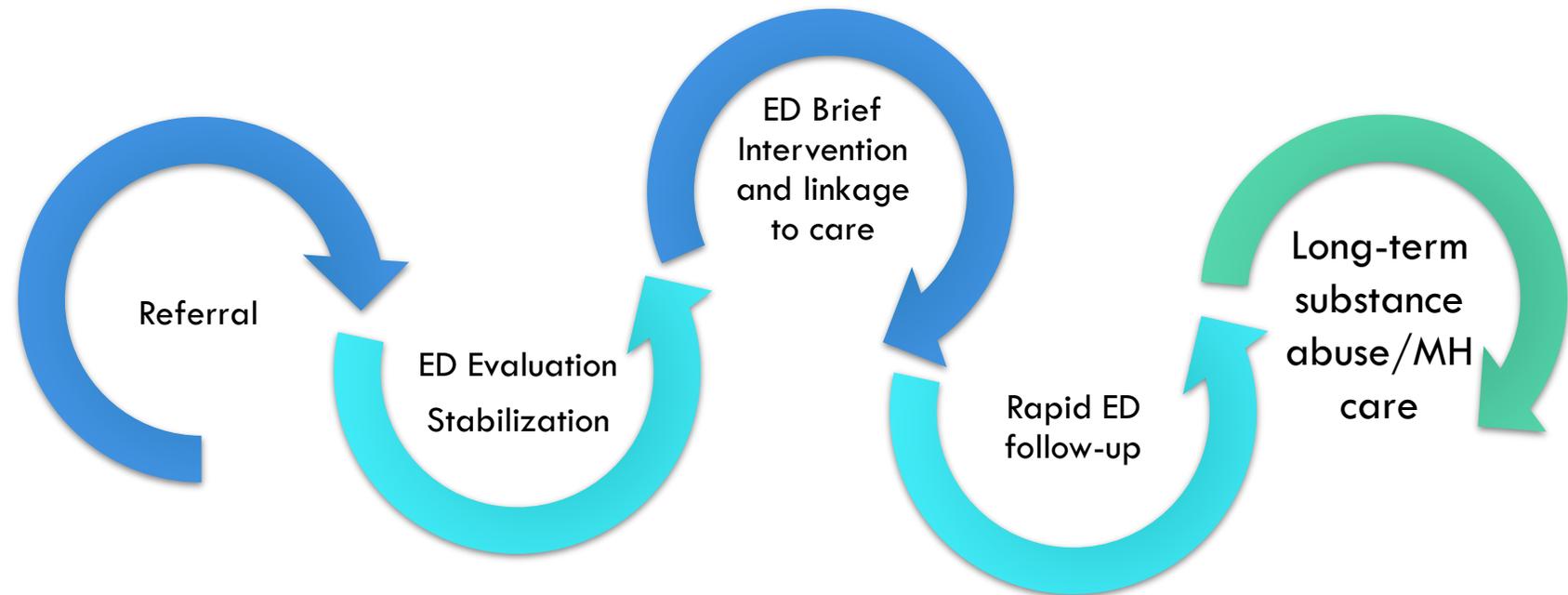
“Alternative” emergency care teams are available to help

CORE/Community paramedicine

PEER Support/Recovery Coaches

Multidisciplinary

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# PROJECT POINT

## Implementation

Building an automated alert

- Each Naloxone dose triggered alert

- Triggered POINT team members to meet overdose patients in the ED

Real-time, in-depth ED evaluation

- Assessment of readiness for change

- Brief intervention

- Naloxone education

- Referral to treatment resources

ED Follow up

- Identify and address barriers to care

# PROJECT POINT

## Goals

Increase access to Naloxone among high risk patients

Link people to treatment/services

MAT, counseling, social support, financial counseling

Investigate barriers to accessing treatment

Collect data

Get a better understanding on what brought the patient to the ED

What led to this Emergency?

Use data to address barriers

# PROJECT POINT: BY THE NUMBERS

**Table One: Demographic data from POINT Feb-June 2016**

	<u>Naloxone</u>	<u>ED Referral</u>	<u>Total</u>
<b>Total</b>	221	33	254
<b>Sex</b>			
Male	69.2%	66.7%	68.9%
Female	30.8%	33.3%	31.1%
<b>Average Age (years)</b>	34.6	37.2	34
<b>Median Age (years)</b>	33	33.5	33
<b>Race/Ethnicity</b>			
White, non-hispanic	81.4%	84.8%	81.9%
Black, non hispanic	15.8%	15.2%	15.7%
White, hispanic	2.7%	0.0%	2.4%

*Source: Project Point Data Set*

# PROJECT POINT: BY THE NUMBERS

**Table Two: Observational data from POINT**

	<u>Total</u>	<u>Percentage</u>
<b>Total Interviews</b>	56	
<b>Known Hepatitis Positive</b>	22	39.3%
Sharing needles	18	81.8%
<b>Naloxone</b>		
Knowledge	36	64.3%
Has access	2	3.6%
<b>Interested ED intervention</b>		
Treatment referral	41	73.2%
HIV testing	36	64.3%
Hepatitis C testing*	14	41.2%
<b>Follow up</b>		
Attended first follow up	12	21.4%
Engaged at 30 days	7	12.5%
On MAT at 30 days	5	8.9%
<b>INSPECT + after referral</b>	15	26.8%

*\*of the 34 Hep C neg patients*

*Source: Project Point Data Set*

# PROJECT POINT

## A Summary of what we found

Nearly all interested in engaging in care

Naloxone

Clean needles

HIV/Hep C testing

Talking to outreach worker

Getting help with insurance

Referrals to treatment

Majority with long-standing substance misuse and other mental health issues

Significant portion with known Hepatitis C

# PROJECT POINT

## Some major themes

### Chronic pain

“I’ve worked construction my whole life. I need to go to work”

“I got Norco when I was 12 for a knee injury”

### Adulteration

“I bought a Xanax bar to help me relax and sleep before a test”

“I was bored, so I tried it. I thought it was an oxy”

# PROJECT POINT

## Some major themes

Significant co-morbid mental illness

“Heroin is the only way to make my mind stop racing”

“I am on a whole bunch of meds, but they just don’t work”

Significant childhood trauma—intergenerational addiction

“I was in foster care and it was the only way to make it through”

“It’s the only way I can forget, just for a little bit, what happened”

“my mom gave me my first hit when I was eight”

# PROJECT POINT

## Some unexpected pearls

### Patient Gratitude

- Significant amounts of shame and distrust of health care system
- Most patients avoid contact with healthcare institutions
- Many deeply grateful for providers “taking the time to care”

### EMS and ED providers embrace of the project

- Unsolicited compliments
- A new sense of “I can actually do something for them”
- Opened a dialogue
  - Improved order sets/discharge instructions
  - Conference presentation from advocacy group

# PROJECT POINT

## Started Some Conversations

Mental Health and EMS/ED interaction

Mental Health providers interacting with EM team

Recognize need for “out of the box” approach to treatment

Public Health leaders

Embrace a multidisciplinary approach to this problem

Local and state public health departments

# PROJECT POINT

## Project challenges

Limited Resources

POINT team available only business hours

Follow-up on often transient and/or skeptical patients

Lack of community-based needle exchange/Naloxone distribution

Limited down-stream resources

MAT availability

Legal, DCS advocates

Limited funding for monitoring and evaluation

# PROJECT POINT

## Where do we go from here?

- 1) Expand POINT outreach/brief intervention
- 2) Take home Naloxone kits
- 3) Hepatitis C testing
- 4) INSPECT reporting of EMS delivered Naloxone
- 5) Incorporating Peer Support (Recovery Coaches)
- 6) Integrate and support existing outreach efforts
- 7) Grow our research/provider education efforts

# PROJECT POINT

**Where do we go from here?**

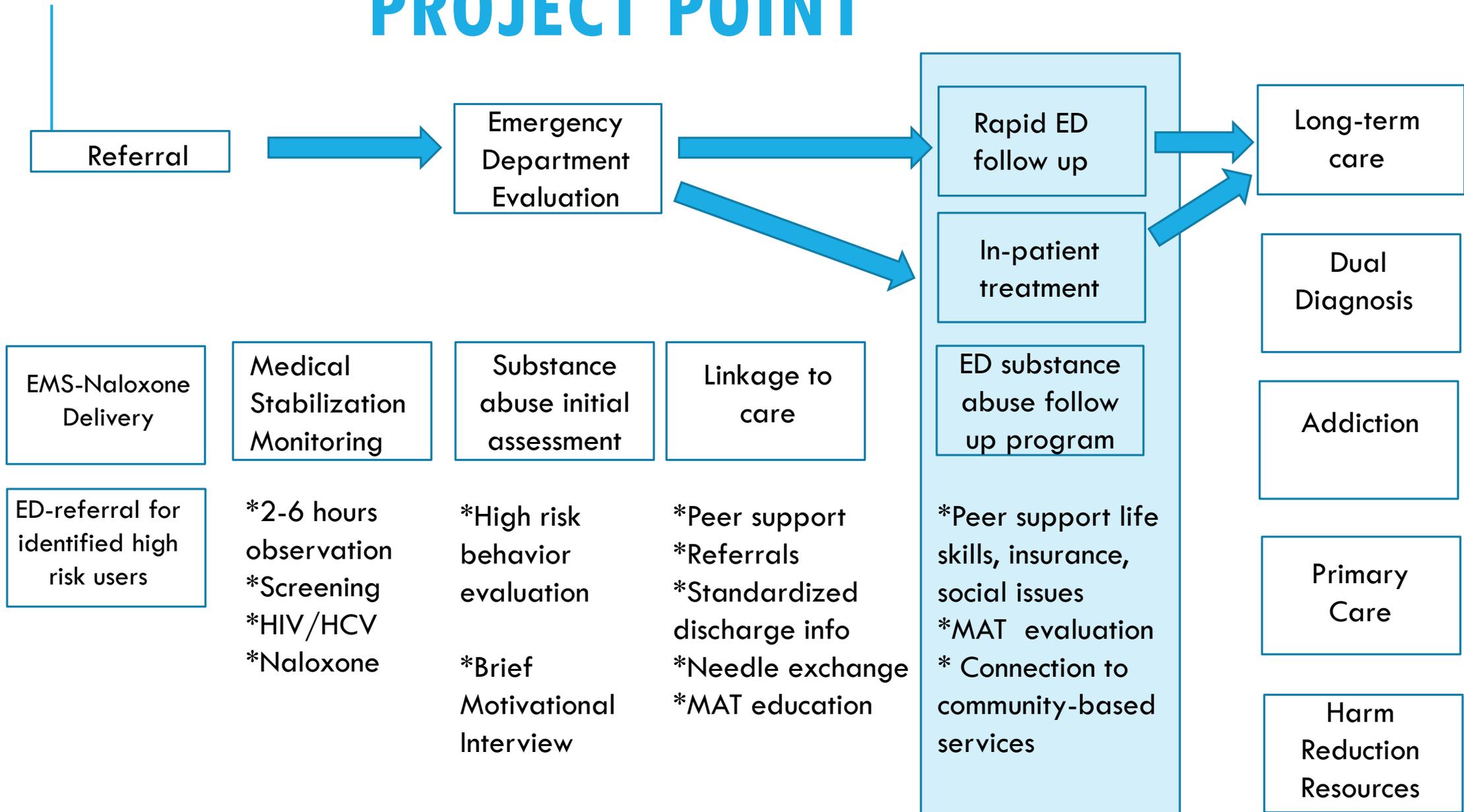
Establish a comprehensive ED follow up

MD/NP staffing

POINT outreach workers and recovery coaches

MAT initiation, as appropriate

# PROJECT POINT



## PROJECT POINT

# Anchor **ED**

Program in Providence, RI

Connects recovery coaches to overdose patients



Program in MidMichigan Health's Gladwin medical center AND  
Spectrum Health's Reed City hospital

Connects recovery coaches to overdose patients

# PROJECT POINT

Research

## Original Investigation

# Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence A Randomized Clinical Trial

Gail D'Onofrio, MD, MS; Patrick G. O'Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD;  
Susan H. Busch, PhD; Patricia H. Owens, MS; Steven L. Bernstein, MD; David A. Fiellin, MD

## 30 day treatment engagement

89 of 114 patients (78%; 95%CI, 70%-85%) in the buprenorphine

38 of 102 patients (37%;95%CI, 28%-47%) in the referral group

50 of 111 patients(45%;95%CI, 36%-54%) in the brief intervention group ( $P < .001$ )

# PROJECT POINT

**Thank you**

**POINT team**

**Jennifer Hoffman, AJ Warren, Twila Fuqua**

**Eskenazi Health**

**Midtown Mental Health Addictions Team**

**IU School of Medicine**

**Department of Emergency Medicine**

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**Comments or Questions?**